

Maine Volunteer Court Appointed Special Advocates Program

Bill for Expense Reimbursement

AOC - Family Division
171 State House Station
Augusta, ME 04333

Name:

Address:

SSN:

Vendor code:

PV - 40A-

AOC use only

Daily Mileage Expense (@.42 per mile effective for travel on or after 7/1/08)

Docket No.	Date Travel Occurred	Departure point to destination (ie Portland - Bath - Portland)	Round Trip Mileage	\$ Amount per trip
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Telephone
Postage
Parking
Tolls
Copying
Supplies

Receipts are required for all miscellaneous expenses & should be attached to this bill when submitted.

Miles Traveled & Mileage Amount Claimed

Total Misc. Expenses Claimed

Total Claimed & Balance Due

ADMINISTRATIVE OFFICE USE ONLY

Approved for Payment

Fund Agency Org Approp Object Amount
010 40A 2053 012 _____

Signature of official authorized to approve expenses

I certify that the above detailed amounts were in accordance with applicable regulations; were actually paid; and that the expenses were occasioned by official CASA business.

Signature of CASA Volunteer

Date

I certify that the expenses above were required by the official duties and are in accordance with all applicable regulations.

Signature of official authorized to approve expenses

Date